

No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, Hawaii 96813 Web site: www.invest.hawaii.gov

ENTERPRISE ZONES PROGRAM

ENROLLMENT APPLICATION FOR BUSINESSES

A business interested in participating in the Hawaii EZ Program first must complete the enrollment application. Your eligibility for EZ tax and other benefits will begin when the application is approved. However, approval of the application does not guarantee that your business will qualify for EZ benefits each year. At the end of each tax year, an End-of-Year Report form must be submitted with the information necessary to determine if your business has satisfied the annual gross receipts and hiring requirements.

This application has four parts:

- 1. Business Type
- 2. Background Data
- 3. Tax and Employment Information
- 4. Declaration

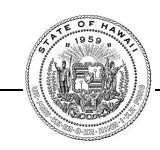
SECTION I, BUSINESS TYPE – This section to be used to declare the type of business that will be applying in this form.

SECTION II, BACKGROUND DATA – This section to be used to verify that your business is eligible for EZ benefits and that your business is actually located in an enterprise zone. This information will also be used to monitor the types of businesses participating in the EZ Program so the overall value of the program can be measured.

SECTION III, TAX AND EMPLOYMENT INFORMATION – This section to be used to verify the value of the state tax benefits you claim and the number of employees you report. This information will also be used to monitor the financial impact of the EZ incentives on both the tax liability of participating businesses as well as on state tax revenues (relative to the number of persons hired and the unemployment rate in each enterprise zone) in order to determine the cost-effectiveness of the program.

SECTION IV, DECLARATION – This section must be signed by a person authorized to act on behalf of the business. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

After verifying that your business meets the program requirements for enrollment, DBEDT will notify you and forward your application to your County EZ Coordinator.



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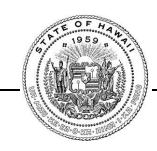
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To submit an online version of this form, visit ezforms.ehawaii.gov.

To submit a paper form, mail your completed form to Department of Business, Economic Development & Tourism, No. I Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, HI 96813, or fax your completed form to (808) 586-2589. NOTE: If submitting forms by mail or fax instead of online, please allow an extra 2-4 weeks processing time.

QUESTIONS? Call the State Enterprise Zone Coordinator at (808) 587-2757, or your County Enterprise Zone Coordinator. For a list of contact phone numbers, visit http://invest.hawaii.gov/business/ez#contact

Some of the information submitted via EZ Program forms may be subject to public inspection under Hawaii's Uniform Information Practices Act, Chapter 92F, Hawaii Revised Statutes, which governs public access to government records. For more information on what may be disclosed and what may be considered confidential please see our program confidentiality guidelines at http://invest.hawaii.gov/business/ez/disclosure.

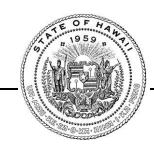


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SEC	CTION I: BUSINESS TYPE
Che	eck all that apply:
	Are you manufacturing company?
	Are you wholesaling company?
	Are you service company?
	Not applicable
PRI	MARY INDUSTRY
Plea	ase select your primary industry (check one):
	Agricultural production or processing
	Aviation or maritime repair or maintenance
	Telecommunication switching and delivery
	Information technology design and production
	Medical research, clinical trials, and Telemedicine
	For-profit training programs in international business management or environmental remediation
	Biotechnology research, development, production, or sales
	Repair or maintenance of assistive technology equipment used by disabled persons
	Certain types of call centers such as bill collection, technical support for computer hardware and software manufacturers, disease management services, product fulfillment services, or disaster management services
	Wind energy production
П	Other



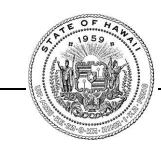
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SECTION II: BACKGROUND DATA

Business Name			
Type of Business Structure (check	cone):		
☐ C-Corporation			
☐ Limited Liability Corporation (L	LC)		
☐ Partnership			
☐ S-Corporation			
☐ Sole Proprietorship			
Date Established (mm/dd/yyyy)			
Establishment City			
Establishment State or Country			
Main Address			
Street Address			
Street Address Line 2			
City	State	Zip Code	



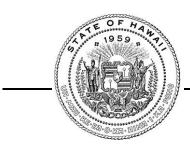
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SECTION II: BACKGROUND DATA (continued)

Mailing Address			
☐ Same as Main Address			
Street Address			
Street Address Line 2			
City	State	Zip Code	
Enterprise Zone Establishmer	ıt Address		
Street Address			
Street Address Line 2			
		Zip Code	
Date EZ establishment began	operations (if different from	date business was established):	
Contact Person			
Title			
Telephone		Fax	
Email			



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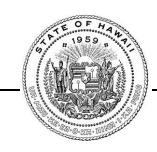
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SECTION III: TAX & EMPLOYMENT INFORMATION

When providing the information requested below, leave blank any questions that request information for a year during which your EZ establishment and/or other Hawaii operations did not exist.

Fiscal/Tax Year Star	rt Date Month (mm/dd):				
Annual Gross Rever	nues For Most Recent Tax Yea	r Ending (yyyy):			
EZ Establishment:	\$	All Hawaii Operations	\$		
Hawaii General Exci	ise Tax Payment				
EZ Establishment:	\$	All Hawaii Operations	\$		
Most Recent Annual Unemployment Insurance Premium Payment EZ Establishment: \$ All Hawaii Operations \$					
Most Recent Annual Hawaii State Income Tax Payment					
EZ Establishment:	\$	All Hawaii Operations	\$		
Income Taxes Paid to Other States (if any) In Most Recent Tax Years Note: This information is necessary only if you did not pay any Hawaii State income tax in most recent tax year. Year (yyyy):					
	·				
EZ Establishment:	\$	All Hawaii Operations	\$		



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SECTION III: TAX & EMPLOYMENT INFORMATION (continued)

Real Property Taxes Paid A	As Owner, Lessee, Or T	Tenant On P	roperty Located In The Enterprise Zone
Most Recent Year (yyyy):		Amount	\$
Previous Year (yyyy):		Amount	\$
Previous Year (yyyy):		Amount	\$
Average Monthly Payroll (T	hree Most Recent Tax	Years)	
Most Recent Year (yyyy):		Amount	\$
Previous Year (yyyy):		Amount	\$
Previous Year (yyyy):		Amount	\$
Current Number of Full Time Participation In Any County Business Loans Job Training None Other			nded Programs (Check Appropriate):
SECTION IV: DECLARATI	ION		
Name of Applicant (Print)			
Applicant's Title or Position	l		
*********	******	PPLICATIO	N ************